

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
10/019287

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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11						
12	3		3			
13	6		6			
14						
15						
16	1		1			
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31	①		2			
32	12		12			
33	3		3			
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42						
43						
44			1			
45						
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48						
49						
50			1			
TOTAL IND.	7		9			
TOTAL DEP.	47	162	162			
TOTAL CLAMS	54	169	169			

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.			34			
TOTAL CLAMS			38			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS